Royal College of Nursing response to the DHSC and NHS England consultation to develop a 10 Year Health Plan for England: 'Help build a health system fit for the future'

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Name of organisation

The Royal College of Nursing (RCN).

Q1 What does your organisation want to see included in the 10-Year Health Plan and why?

We are supportive of the steps being taken to develop a 10-year plan for the NHS. Nursing is a safety critical profession and the largest part of the health and care workforce. Nursing staff work at the centre of patient care across all settings, with all people across the life course and consistently ranked as one of the most trusted professions. The nursing profession is vital for the development and delivery of the Government's ambitions for building an NHS fit for the future and nursing must therefore be a priority for the new 10-year plan. Furthermore, system leaders must ensure that nursing staff are engaged in and leading the development and delivery of the new plan.

We urge the Government to ensure that there is a clear implementation plan with measurable actions and responsibilities. The failure of previous administrations to deliver detailed implementation plans – for example with the NHS Long Term Workforce Plan (LTWP), has led to ambition not translating into action.

A long-term funding settlement is needed for all parts of the health and care system, including the NHS, that is based on the resources required to meet demand and deliver the transformation of services. Significant investment in preventive, community, primary care and social care is an urgent priority, so that they can be better equipped to reduce demands on hospitals and truly build an NHS fit for the future.

The existing (2019) NHS Long Term Plan (LTP) and the (2023) NHS LTWP were designed based on the assumption that there would be stability within the social care sector, so that additional, unexpected pressure was not placed upon the NHS through instability. In our view, it is impossible for the Government to deliver an NHS plan, without a reciprocal plan and investment for social care and public health.

The new NHS plan should set clear ambitions for the next 10 years, building on the learning from the existing NHS LTP. There must be a focus on the key issues impacting population health and the major causes of mortality and morbidity as clinical priorities,

based on evidence of current and projected future patterns of ill health and disease. These will include, but are not limited to, cardiovascular disease, diabetes, respiratory disease, mental health, chronic pain, cancer, and dementia and Alzheimer's disease. Across all of these, addressing health inequalities should be a key priority.

The NHS 10-year plan needs to act on the following priority areas:

Address the nursing workforce crisis

Whilst the latest NHS workforce data shows that the overall number of FTE nurses in England has increased, there are worrying trends in specific areas of nursing when compared to 2009[1]:

- The number of district nurses has decreased by 44.22%.
- The number of school nurses has decreased by 31.50%.
- The number of learning disability nurses has decreased by 44.99%.
- The number of health visitors has decreased by 31.66%.

Staff shortages across community and social care cause delays and blocks to patients being discharged into the community, leaving hospitals full and staff having to provide care in inappropriate settings. Shortages in specialist community roles, particularly health visiting and school nursing, also reduce opportunities for prevention.

The NHS LTWP projected that by 2036/37 there will be a 37,000 FTE shortfall in community nurses.[2] This – alongside the crisis in social care which is also experiencing high numbers of nursing vacancies – is leaving thousands of people who are fit enough to go home delayed in hospital beds.

The current NHS England vacancy figure as of March 2024[7] for registered nursing staff (including midwives and health visitors) is 31,294, this is a vacancy rate of 7.5%. This is a decrease compared to the previous quarter when there were 34,518 vacancies (with a rate of 8.3%), and a decrease compared to March of the previous year when there were 40,096 vacancies (a rate of 9.9%).

To expand, transform and improve health service provision and quality and deliver the shifts to community and prevention set out by the Government, it is essential that the nursing workforce crisis is resolved. Safe and effective levels of nurse staffing are critical to patient safety, outcomes and experience. Appropriate levels of nursing staff can reduce patient complications and overall length of stay, which contributes to seamless patient flow through health and care services. The new 10-year plan must therefore clearly recognise the critical role of the workforce in delivering the new plan and include commitments to frow and retain the nursing workforce and be supported by a refreshed and improved NHS LTWP, including realistic implementation. All nurses, including specialist nursing staff, are generated via the same pipeline – therefore any

[1] NHS Workforce Statistics - July 2024 (Including selected provisional statistics for August 2024) - NHS England Digital published 24 October 2024. Available at: NHS Workforce Statistics - July 2024 (Including selected provisional statistics for August 2024) - NHS England Digital

[2] NHS England » NHS Long Term Workforce Plan [Accessed 15th May 2024]

commitments to increase specialist workforce will necessitate an increase in the overall supply of registered nurses. There is also no guarantee that nursing graduates will choose to work in the NHS, public services or even in the UK. Therefore, solutions for increasing the supply and retention of nursing staff must apply to the whole pipeline.

The future of nursing is as broad as the needs of the patients our profession serves. As a profession we want to deliver uncompromising care and professionalism, across every nursing role. Our profession is safety critical –registrants and support workers; newly qualified and the more senior; and every current grade through to the chief nurses across the NHS - are limited by the structural flaws and limits within the NHS itself. Services should not run without us. But today's poor understanding of our value leaves record jobs unfilled. Investment in nursing is investment in our population's health. It is sound economics and what's best for patients.

The RCN has set out the issues that must be addressed within an improved and refreshed NHS LTWP. We attach relevant RCN reports on the workforce crisis and retention which provide detail on the actions needed to increase the supply and retention of nursing staff. These include the introduction of:

- Government accountability for nursing workforce planning, supply and retention, with accountability, enshrined in law. Ministers should be accountable for having a sufficient workforce to meet the health needs of the population, based on transparent assessments of population demand (including inequalities).
- Government-funded student loan forgiveness for nursing students, in recognition of service in the public sector; an important mechanism for retaining early career nursing staff that will produce significant benefits for recruitment and retention.
- Financial subsidies to higher education and further education institutions to protect all nursing courses and ensure that they can continue to deliver and over the long term, sufficient funding for the provision of nursing education, both to cover the cost of academic study and the provision of high-quality practice placements, in line with effective workforce planning activity.
- A substantial, restorative pay rise for nursing that delivers pay justice to one of the lowest paid professions in the public sector. As articulated in our submission to the Government consultation (Spring 2024) on a separate pay spine for nursing, there are disparities in the way nursing staff progress through the agenda for change bands; midwives and paramedics automatically progress to band 6 upon completion of a preceptorship period, whereas some nursing staff remain at band 5 for significant proportions of their careers. We are calling on system leaders to introduce and fund automatic band 6 progression for registered nurses, along with a separate pay spine for nursing staff reflecting the complexity and unique contributions they make. This separate pay spines should facilitate ongoing career development. We have set this out in full in our submission to the Government consultation on this issue in Spring 2024.

- Protection of the title of 'nurse' in law: to protect patient safety so that the public can trust that the treatment, care and/or advice they are receiving is from a registered healthcare professional with appropriate qualifications and regulation and to support accurate workforce data reporting.

The RCN wants to see the new 10-year plan for the NHS include the following workforce commitments:

Safety critical maximum nurse-to-patient ratios

The new 10-year plan should commit to the introduction and implementation of professionally and legally enforceable nurse-to-patient ratios, with a safety-critical maximum number of patients per registered nurse in every health care setting and provide the conditions for ratios to be implemented. The RCN is calling for nurse-to-patient ratios that can be measured and reported on publicly so that health care safety is transparent and clearly prioritised. This would give both the public and the workforce assurance that care is safe and effective.

There is a growing international evidence base underlining the benefits of introducing nurse to patient ratios, including improved outcomes for patient mortality and reduced length of hospital stay.[3], [4] Registered nurse numbers must be based on service demand the needs of those using services, and the principles set out in the RCN's Nursing Workforce Standards (2021).

Registered nurse numbers must be based on service demand and the needs of service users. And, as we have long argued, they must be informed by registered nurses playing a central leadership role in planning the nursing workforce required for safe and effective care.

Legal protection for people raising concerns about unsafe staffing levels.

In 2024, 71% of nursing staff responding to the RCN's last shift survey[5] told us that they had raised concerns about staffing levels and 44% of nursing staff who raised concerns told us that no action was taken to try and address the issue.

In other sectors, there are protections for employees when they don't have the things they need to do their jobs safely but despite being a safety critical profession, there are no provisions for nursing staff who turn up to a shift which has too many patients and too few staff to deliver safe and effective care. If a member of nursing staff raises concerns about unsafe staffing, and these are not addressed, that staff member should have additional legal protections for anything which may happen on that shift because of too few staff.

In some states in America, nursing staff can complete an 'Assignment Despite Objection' form. This form is used by registered nurses to record being deployed into a staffing

[3] Impact of staffing levels | Publications | Royal College of Nursing (rcn.org.uk)
[4] Safe nurse-to-patient ratios in every health care setting | Royal College of Nursing
[5] RCN (2024) Patients dying alone as just one third of shifts have enough nurses, analysis shows | Royal College of Nursing

situation which is inappropriate, unsafe, or inadequate. Using this form protects the nurse's license and moves the responsibility to their employer. Not only do these forms help provide legal protection for individual nurses, but they can also be used by management to identify staffing trends and respond to them appropriately. These types of mechanisms should be considered within the English context.

Mental health and wellbeing support for staff

In 2023, nearly 7 million days were lost to illness from nurses and health visitors working in the NHS. For nursing staff, the proportion of sick days attributed to stress, anxiety, depression and other psychological illnesses increased from 21% in 2022 to 24.3% in 2023.[6]

Prior to 2023, there was national funding available for ICSs to implement local health and wellbeing support for staff, however this funding ended in March 2023. In response to an RCN survey of ICSs about their health and wellbeing provision in 2023,[7] of the 28 ICS hubs that provided usable data, 12 said they were remaining open, seven of which said they had less than a years' funding remaining. Four of these were funding this from existing budgets or an existing underspend. 15 further hubs had closed, and one was uncertain whether it would be able to remain open.

The RCN calls for the new NHS 10-year plan to commit to ensuring that fully funded, accessible, and effective mental health and wellbeing support (including occupational health services) are provided by every employer for all nursing staff working in the NHS and other health and social care settings. The new plan should include a requirement for all ICSs to implement health and wellbeing support for staff, and to provide mandatory data collection and reporting about usage and impact. Clear funding should be earmarked for supporting the delivery of this.

RCN Nursing Workforce Standards

The RCN has produced a package of Nursing Workforce Standards which should be used by providers and commissioners to ensure that nursing staff are supported to deliver safe and effective care. There are several key standards which should be facilitated through a new NHS 10 Year plan:

- Provider organisations must have a registered nurse at executive level within their governance structure. Executive nurses are responsible for the information and advice they provide to the board. (RCN standard 1a). Decisions and accountability relating to the nurse staffing level rests with the corporate board or provider organisations. (RCN standard 1a)
- A registered nurse lead will be supervisory and not rostered as part of the nursing workforce allocation. If there is exception to this, clear rationale must be documented, agreed by the board and highlighted to commissioners / regulators. (RCN 6a)
- Nursing students' supernumerary status to be protected (RCN 2h)
- Provider organisations should undertake comprehensive workforce planning, including a workforce learning needs analysis, commissioning and provision of training and education. (RCN 7b)

[6] NHS Sickness Absence Rates - NHS England Digital
[7] This survey was undertaken in April 2023.

- Each provider organisation should have a board-approved risk management and escalation process in place to enable real-time nurse staffing risk escalation and mitigation with clear and transparent procedure to address severe and recurrent risks. (RCN 1i)

Continuing Professional Development (CPD) for nursing staff

CPD builds a registered nurses' skills and competence to have a direct impact on the care they give, in addition to their aspirations, their career progression, and their earning potential. However, nursing staff report having to undertake even mandatory training in their own time, with one survey indicating that only half (54%) of nurses completed their last mandatory training in normal working time and the remaining half completing wholly in their own time (20%) or in both work and own time (26%).[8]

In the medical profession, many medics have an annual study budget and study leave allowance enabling them to fund and attend external courses.[9] In contrast, CPD for nursing professionals is characterised by insufficient funding and no provision to ensure access and protected time for CPD. Employers often fail to release nursing staff to attend CPD due to their inability to provide backfill. As part of a prioritisation of workforce, the new 10-year plan should address aim to address the barriers to CPD and facilitate better staff development across the health and care system.

Other quality issues to be addressed in the 10-year plan:

Ensure that all health and care is delivered in appropriate places and spaces

Eradicate corridor care

As the RCN has reported, more than 1 in 3 nursing staff working in typical hospital settings reported delivering care in inappropriate settings, such as corridors, on their last shift, while 67% of nursing staff indicated the most common impact of corridor care is compromising patient privacy and dignity. 54% have considered leaving their role because of the stress of corridor care.[10]

Increasing demand, rising workloads, and a workforce shortage means nursing staff have little choice but to provide care in unsafe conditions, including the unacceptable practice of treating patients in places such as corridors, waiting rooms and store cupboards. What once would have been considered emergency measures in exceptional circumstances are now being normalised.

The new 10-year plan must prioritise the delivery of care in appropriate places and spaces and commit to the eradication of corridor care. NHS England should mandate reporting on corridor care through the NHS Standard Contract.

Commissioners of services should increase their scrutiny of where and how care is provided, putting safeguards into contracts that there is sufficient provision to meet demand. Care being delivered in inappropriate settings does not represent good value for

[8] Institute for Employment Studies (2017) *Royal College of Nursing Employment Survey* available at: https://www.rcn.org.uk/professional-development/publications/pdf-007076
[9] Royal Society of Medicine (2016) *CPD for Medics* available at: https://www.rsm.ac.uk/ about-us/latest-news/2016-rsm-news/ patients-first-cpd-second-everything-elsecan-wait.aspx
[10] RCN (2024) "Corridor care: unsafe, undignified, unacceptable"

public money, and commissioners should pay close attention to providers who are regularly using non-clinical spaces to deliver clinical care.

The plan should make give commissioners a clear responsibility to report trends in corridor care to national decision-makers, so that they can act on the systemic issues which lead to demand not being able to be managed within services safely.

In the process towards eradication, where instances of corridor care occur there must be strict protocols in place that ensure that no patients who are seriously unwell, vulnerable (including elderly), or in urgent need of clinical care are placed in areas without adequate staffing or access to facilities. Where they do not already exist, all hospitals must have clear dedicated zones for patients who are well enough and waiting to be discharged and for those waiting to be admitted to a ward.

Service commissioners should mandate reporting on instances of corridor care, which will be collated centrally and provided to government ministers at regular intervals. Service providers should be required to collect data about every instance in which care has been delivered in a non-clinical setting, including:

- What type of non-clinical area was involved (car park, corridor, additional patient in a ward bay or other options)
- How many patients were involved.
- The reason as to why care was delivered in this way.
- And what the likely impact on care was, both for patients and staff.

Additional data collection and reporting will allow both service commissioners and national decision makers to identify trends. In turn, this will allow those involved to make changes either up or downstream to resolve any patient flow issues. This will help make progress towards eradicating the practice.

When trends indicate that capacity is regularly above the planned and funded levels, commissioners should work with service providers to find ways in which staffing levels can be increased to reflect the actual level of need.

The current level of physical provision of staffed health and care beds is insufficient, and so it is vital that governments take steps to unlock additional clinical spaces to tackle the problem of corridor care. There are significant budget gaps and backlogs in maintenance and underinvestment in capital spend.

Based on a robust, transparent assessment of need and demand, governments should take steps to increase staffed bed capacity and expand community care provision so that patients can receive more care in appropriate community settings and be discharged more quickly.

We set out the full range of actions in our report: 'Corridor care: unsafe, undignified, unacceptable'.

Establish chair care over 24 hours as a never event

One of the reasons that care delivered in chairs has become so widespread is because there are insufficient safeguards preventing it. Within health services, there are a range of issues classed as 'never events', which are "serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing

national guidance".[11] It is the RCN's view that chair care exceeding a 24-hour period should be included within this category and a commitment to this should be included in the new NHS plan.

When patients are treated for long periods in chairs, rather than beds, their safety, comfort and mobility is compromised. Privacy and dignity are removed. Support for staff in manual handling is often compromised when temporary arrangements stretch into longer time periods; this puts the patient and the staff member at risk of serious injury.

Not only would adding chair care exceeding 24 hours to the Never Events list increase the focus at provider level to reduce it from occurring, but it would also provide a basis for generating system-wide learning about strategies to reduce and ultimately eradicate corridor care, along with other Never Events. Statistics about chair care and all types of corridor care should be published regularly to allow for more transparency and scrutiny.

Healthcare provision for autistic people

There have been multiple incidents of autistic people being admitted to inappropriate settings, typically mental health units or acute hospitals, where their human rights can be restricted, and harm can be caused. The RCN's position is that inappropriate placement of autistic people can cause harm and deprive people of their human rights. To address this, there needs to be appropriate and sufficient support for autistic people and understanding of autistic needs across health and social care.

However, RCN Members have reported that mandatory training and core professional training often contains minimal autism-related content, and autism-related content is not specified in the NMC Future Nurse Standards and CPD is not standardised across the UK.

The RCN wants to see the new NHS plan build on the commitments to improve the quality of autism assessment pathways, access to physical healthcare, and improvements in mental health treatment and support set out in the existing 2019 NHS LTP with the following commitments:

- More clinical research, led by and with nursing, to test the efficacy and cost-effectiveness of interventions and service models for improving outcomes for autistic people accessing health and social care services.
- For the NHS nursing workforce in England to have appropriate autism training and understanding relevant to their role. This includes the availability of further autism specialist training where needed, including post-registration training and CPD. Nurses should utilise the professional frameworks for autism competencies for their country to align with their role and identify which competencies are needed and at what level, with a minimum expectation of Tier 2/autism informed.
- Regional workforce modelling in line with the RCN's Nursing Workforce Standards, to describe the autism skills needed in the nursing workforce, and wider health and care services. This needs to detail from the skills needed in all services to specialist autism support services.

Sustainability

[11] NHS England » Provisional publication of Never Events reported as occurring between April 2024 and August 2024

The RCN recognises that climate change is the most significant global health threat we face and that the impacts of climate crisis on the health service are serious and set to increase. Furthermore, the health system is a key contributor of emissions and can and must therefore be a key force in meeting the Government's missions to deliver a green economy and build an NHS fit for the future.

As a member of the UK Health Alliance on Climate Change (UKHACC) we endorse the priorities set out in the UKHACC submission to the 10-year plan: The ten year health year health plan for England FINAL. As the UKHACC submission sets out, the new 10-year plan for the NHS is a critical opportunity to deliver transformative change to meet environmental targets, ensure resilience for the future, and improve the health and wellbeing of the population. Sustainability must be at the heart of the 10-year plan with a focus on building a more sustainable approach across the Government's three big shifts would achieve positive transformative change for health, health and care services, and the environment. Example of key priorities from the UKHACC submission include:

- Embed sustainability across the health and care system
- Ensure the health service is resilient to the changing external environment
- Provide the capital investment needed to deliver the net zero target by 2040 for all the NHS directly controls and 2045 for all it consumes.

The RCN recognises the climate emergency, which is simultaneously a health emergency requiring a health-centred response. Initiatives that protect our planet and mitigate climate change are also good for the population's health and can support the focus on prevention. Investment in action now will bring multiple benefits and value in future years to our personal lives and health care provision in the future. This includes measures such as reducing vehicle use and promoting sustainable active travel, tackling air pollution to improve air quality, increasing access to green space which benefits physical and mental health, and moving to more plant-based diets and improving food security which can improve nutrition. These can have positive health effects, both at an individual and a societal level, and should therefore be central pillars of a renewed focus on prevention and health.

Health inequalities

The new 10-year plan for the NHS should be fully aligned with the Government's stated commitment to tackling the social determinants of health and halving the gap in healthy life expectancy between the richest and poorest regions in England.[12] Therefore, health equity and addressing health inequalities must be core priorities in the new NHS plan with clear targets and actions, building on lessons from the existing Long-Term Plan, the COVID-19 pandemic, the implementation of the Core20PLUS5 approach and other Integrated Care System (ICS) and local-level approaches to tackling inequalities.

We urge the Government to ensure that appropriate and accessible specialist health and care services are available across all areas and to all people, with a key focus on inclusion health groups. The new 10-year plan for the NHS is an opportunity for the NHS to mandate every ICS in England to ensure that there are specialist accessible health services available for inclusion health populations, including people experiencing homelessness, refugees and those seeking asylum in the UK. These must cover primary

[12] My plan for change – The Labour Party

care, acute hospital, and community services and be supported by additional funding commitments, given the intense pressure on NHS and social care budgets currently.

Across every clinical priority in the new plan, the new Plan for the NHS should include a focus on addressing health inequalities.

Shift 1: moving more care from hospitals to communities

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

We asked RCN members to describe what they see as the biggest challenges in moving more care into communities. Some of the key themes included:

- Need for community services to be established while retaining focus on patient safety and continuity of care
- Queries about how risks will be managed
- Current resource limitations in community and social care which may restrict timely discharges and continuity of care.
- The importance/need for training and support for community-based health workers to deliver more care in community settings, including recognising and managing deteriorating patients
- Current pressures on GP and community services
- Concerns about physical space, capacity and infrastructure to deliver more services

RCN members feedback about the changes they see as necessary to facilitate these shifts highlighted the following themes:

- The importance of strong partnerships between hospital and community health services
- The use of mobile and virtual consultation options which could allow acute services to assist community teams directly.
- More funding for highly skilled roles such as advanced clinical practitioner training and development.
- More collaboration with primary and secondary care with patients seen and assessed by an appropriate primary care practitioner and all recommended processes in place before being referred to outpatients.
- Funding that follows the person, so patients can choose whether they would like care close to home or work, depending on how much time they spend in either place.

Many of the challenges and opportunities which nursing staff identify are related to funding, and the RCN believes that funding will be a significant challenge and enabler for shifting more care into the community. Despite repeated political commitments from successive governments to focus on prevention and moving care into the community, there has been a consistent political prioritisation of funding for hospitals and emergency care and short-term emergency cash injections, even though the majority of NHS activity takes place outside of those settings. Community, primary and preventive

services have been neglected with larger financial and workforce growth in acute hospital sectors than in primary and community sectors.[13]

The Nuffield Trust has highlighted that funding for NHS acute, ambulance and NHS mental health care services has grown much faster than overall funding and so these services have increased their share of total funding. By contrast, funding for NHS community health care services has grown at a much slower rate, leading to a reduction in its share of total funding from 8% in 2016/17 to 7% in 2022/23.[14]

The failure to invest adequately in public health, primary and community sectors exacerbates the pressures on the wider health and care system as opportunities for prevention and early intervention are missed and increase the demand for hospital and emergency care, thereby perpetuating the cycle of crises. This has been evident in primary care where people are unable to access General Practice appointments when they need them and instead are presenting to an urgent care or A&E service. In turn, this puts more pressure on those services, who are then required to support both the people who attend in emergency circumstances, or following an accident, and those who cannot access the support from primary care which would better meet their needs.

Likewise, a lack of investment in the community sector, including district nursing, is leaving social care services without the capacity and support they need. If a resident becomes unwell, they are more likely to take them directly to A&E, rather than being able to access community nursing provision. This is compounded by a lack of capacity within community and social care settings to care for patients safely once they are ready for discharge.

What is needed is a holistic long term funding approach that prioritises improving population health for the future. This must include increased and sustained investment overall, with a specific focus on strengthening the preventive, primary and community sectors. Without this, funding will be insufficient to address the level of need and deliver the transformation required to enable the health service to meet current and future demand and to support recruitment and retention of staff. There will also continue to be a reliance on asking the health service and its staff to do more with less, which increases the pressure and contradicts the workforce ambitions set out in the NHS LTWP. While the pandemic has fundamentally changed the way in which people think about population health, it is important that the original ambitions the long term are not abandoned.

Community and District nurses will be absolutely critical for the delivery of expansion of care in the community and yet, as Lord Darzi's recent Independent Investigation of the National Health Service in England highlighted "against a backdrop of growing need, the overall numbers of community nurses have held steady since 2016, whilst the number of district nurses (nurses who have completed additional training to become specialist community practitioners) has actually declined."[15] Without urgent action to grow, strengthen and retain the community and district nursing workforce the ambitions to increase community care and reduce the burden on hospitals will fall far short. The RCN

[13] Kings Fund (2024) Making care closer to home a reality. making_care_closer_home_reality_report_2024.pdf (kingsfund.org.uk))
[14] Nuffield Trust (2024) Where does the NHS money go? | Nuffield Trust
[15] Independent Investigation of the National Health Service in England

wants to see clear, funded detailed plans for growing and retaining the nursing workforce as part of the new NHS plan.

Examples of evidence from RCN members:

Moving from hospital to community will require well established community services, appropriate access to care and investing reaching and capture those of interest for positive outcomes and in need of assistance. With the shift for community, I would be curious to understand how the NHS will be monitoring adhesion to care, patient safety and maintenance of care taking into consideration all risks and mitigation strategies.

This shift requires robust community healthcare infrastructure and integrated services. Current resource limitations in community and social care may restrict timely discharges and continuity of care. There's also a need for more extensive training and support for community-based health workers to handle cases typically managed in hospitals.

Community services are not equipped- GP practices can't cope with the current patient load and patients are routinely seeking help from AE services due to being unable to get appointments with GP. Not enough correctly equipped community building and experienced staff (just moving staff from hospital to community setting)

We also asked RCN members to describe the changes they identify as necessary to facilitate these shifts. Examples of the quotes we received:

Establishing stronger partnerships between hospital and community health services would be essential. Training initiatives focused on upskilling community care teams in recognising and managing deteriorating patients would support this shift. Additionally, mobile and virtual consultation options could allow acute services to assist community teams directly.

More funding for highly skilled roles such as advanced clinical practitioner training and development.
More collaboration with primary and secondary care. GP and outpatient department working together. Patient being seen and assessed by an appropriate primary care practitioner and all recommended processes in place before being referred to outpatients.

"Funding needs to follow the person, so patients can choose whether they would like care close to home or work, depending on how much time they spend in either place.

Shift 2: Analogue to Digital

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

In feedback from our members about the shift to digital, broadly, nursing staff describe issues with consistency in approach and join-up between different services, so that staff and patients can have a seamless digital experience. It is important to note that the shift to digital, with appropriate investment and staff training, can also unlock areas within the supply pipeline. For example, the NHS LTWP sets out a clear intention to find a way to reduce the time it takes for various professions to be educated and trained to practice.

The LTWP indicates that simulated learning provides flexibility to achieve this. The RCN is generally supportive of simulated learning; however, we are clear that quality standards must be set for simulated learning methods, and therefore the technology is likely to require significant national investment.

The scale of costs to set up simulated learning environments is significant. Current and future education and NHS workforce knowledge requires sustainable investment to increase knowledge and skills around simulation and AI opportunities. We are very concerned that there is a lack of investment in the education workforce, who will be critical to successfully implementing these changes and interventions. Significant increases in student numbers will require increases in education staff, however, there is no recognition of this within the workforce plan. Likewise, there is no assessment of the impact upon the workforce which will occur when nurse educators are taken out of practice to deliver increased education capacity.

A selection of the feedback we received from our members:

Analogue to digital is difficult - all trusts seem to operate on different systems. There is no money to "buy in" technologies and there again is not the infrastructure of developers to put in the RPA processes needed for efficiencies quickly therefore to make use of the technology in certain services they have to wait upwards of 3 years as the developers and the cost of developers are not there. The buying in of technologies is huge and the maintenance costs and licenses are a big barrier for implementing.

Transitioning to digital requires significant investment in technology, cybersecurity, and workforce training. In the NHS, legacy systems can be difficult to integrate with newer digital platforms, creating inefficiencies and frustration among staff.

There needs to be a fully digital NHS that is the same across all trust and no matter where in the country the services are the same so that no matter where in the country you access the NHS your digital record is available and recorded in.

We asked RCN members to describe the changes they identify as necessary to facilitate these shifts. Here is a selection of the quotes we received:

The technologies are already available to the NHS, but we need the investment to have that available to develop in all teams quickly. These efficiencies will go a long way to staff being able to move to community.

Digitising patient records and real-time monitoring systems would streamline patient tracking across settings. Training all staff to use digital tools effectively and ensuring secure, interoperable systems that allow seamless communication between hospital and community-based services are crucial. Student nurses in university should be able to utilise ALL of the digital resources in hospital and community settings as part of a simulation environment to increase digital literacy early in their training.

Senior nurse specialists need to be involved in discussions and decisions around digital technology, care close to home and they can offer insight into preventative rather than reactive care because this is their current role.

Shift 3: Sickness to Prevention

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

In their feedback to us about the biggest challenges in achieving the shift to prevention, RCN members highlighted:

- Lack of financial incentives for prevention
- Lack of investment and existing funding pressures in public health
- Lack of focus on deprived areas and on children – where needs are greatest

RCN members highlighted the following key changes as necessary to facilitate the shift to prevention:

- Requires a culture shift towards prevention
- Need to focus investment in the most deprived areas and start from childhood

There is significant evidence of the benefits of investment in prevention and public health.[16] A focus on prevention can support reduced rates of illness and premature mortality and a healthier population, which in turn contributes to reducing pressure on overstretched health and care treatment services and increasing productivity and economic activity.[17] In the context of acute pressures on health systems across the UK where care is too often being delivered in inappropriate settings because of overcrowding and overwhelming demand, it is clear that the case for a refocus on prevention and public health is critical. This is even more apparent when considering the future projections for the population, with an ageing population, the growing burden of disease and more people living with multiple complex conditions.[18]

Successive governments have recognised that 'prevention is better than cure' and made policy commitments to prevention and keeping people well and out of hospital for longer.[19] However, despite the rhetoric, there has been insufficient action to deliver on longstanding policy commitments to prioritise prevention and deliver more services outside of hospitals. Instead, there has continued to be a pattern of spending and focus on NHS treatment services and underinvesting in prevention.

Funding cuts and underinvestment in public health and community services exacerbate the pressures on the wider health and care system as opportunities for prevention and

[16] For example, Masters R, Anwar E, Collins B, et al Return on investment of public health interventions: a systematic review J Epidemiol Community Health 2017;**71:**827-834.] and NHS Confed (2024) Investing more in prevention could deliver £11 billion return on investment | NHS Confederation

[17] Public Health England (2019) *PHE Strategy 2020-25.* Available from: https://www.gov.uk/government/publications/phe-strategy-2020-to-2025. [Accessed 15th May 2024]

[18] Health Foundation (2023) Health in 2040: interactive chart projections - The Health Foundation [Accessed 15th May 2024]

[19] DHSC (2028) Prevention is better than cure (publishing.service.gov.uk)] Scottish Government (2018) https://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/

early intervention are missed. Furthermore, rising rates of poverty in the UK[20] and the impacts of the cost-of-living crisis increase ill health and inequalities and increase the demand for health and care services.[21] For example, hospital admissions data shows a direct correlation between higher levels of deprivation and higher emergency admissions.[22]

Delivering on the proposed shift from treatment to prevention and addressing the causes of ill health will necessitate strong local public health services. However, public health services in England have been subject to significant spending cuts: the public health grant has been cut by 28% on a real terms per person basis since 2015/16, and the cuts disproportionately affected those living in the most deprived areas of England,[23] who also tend to have poorer health and higher rates of hospital admissions[24] and attendances at Accident and Emergency.[25]

The RCN wants to see clear commitments in the new NHS plan to increasing investment in prevention, particularly in areas which are proven to have high impact such as children and young people; addressing key risk factors for ill health such as smoking, physical activity and diet and focused on specific diseases.[26] These investments could also have dual benefits for embedding sustainability.[27] However, we urge the Government to ensure that alongside a long term funding settlement for the NHS, there is an equivalent long term sustainable funding plan for public health.

There is also a lack of transparency and reporting of data on the total spending on prevention within the health budget overall, which is something the RCN wants to see addressed in the new 10-year plan so that there is a clear push towards transparent public reporting around the level of investment in prevention to enable monitoring and scrutiny.

While the health and care system is a key building block of health, health is determined by a wide range of social, economic and environmental factors that shape the conditions in which people are born, grow, live, work and age, referred to as the social determinants of health.[28] Therefore a focus on preventing ill health and addressing the causes of ill health will require action beyond the NHS. The RCN calls for a national cross government strategy to improve health and address health inequalities. This would support greater coherence across government policymaking to address the social determinants of health, reduce inequalities and embed a prevention-focused approach.

Alongside this, the Government should embed a health in all policies approach across all departments to ensure that health is considered and prioritised in all policy design,

[20] UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation (jrf.org.uk) [Accessed 15th May 2024]
[21] Poverty And The Health And Care System: The Role Of Data And Partnership In Bringing Change | The King's Fund (kingsfund.org.uk) [Accessed 15th May 2024]
[22] Poverty Taking A Heavy Toll On NHS Services | The King's Fund (kingsfund.org.uk) cites Hospital Admitted Patient Care Activity - NHS Digital 2022/23 [Accessed 15th May 2024]
[23] Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed. Investing in the public health grant
[24] Health Foundation (2024) Investing in the public health grant What it is and why greater investment is needed Investing in the public health grant [Accessed 15th May 2024]
[25] Inequalities in Accident and Emergency department attendance, England - Office for National Statistics (ons.gov.uk) [Accessed 15th May 2024]
[26] Investing more in prevention could deliver £11 billion return on investment | NHS Confederation
[27] Our priorities for the UK government – UK Health Alliance on Climate Change
[28] Health Foundation (2024) What builds good health?

development and implementation. Within this, for example, the Government should prioritise health within strategies to tackle homelessness and across all housing policy and in tackling climate change.

Nursing is embedded across the whole breadth of health and care settings and services, within communities, across the whole life course and has a unique understanding of and opportunities to deliver prevention. Some nurses have undertaken further training to lead prevention-focused services including sexual health, smoking cessation, and alcohol and substance misuse. Nurses who have undertaken further specialist training and lead key public health services, notably health visitors and school nurses, are critical for prevention and early intervention in the early years.

The RCN has repeatedly raised concerns about the significant and widening gaps in the public health nursing workforce in England, workload pressures affecting recruitment and retention, and concerning trends in skill substitution and the risks this poses for prevention and health equity.[29] Staffing gaps have also led to variation in service provision across different areas of England and a 'postcode lottery of support'.[30]

The ongoing health and care workforce crisis is a major risk to the prevention agenda, resulting in vital nursing roles being unfilled or in some cases unsuitably covered, services chronically understaffed, resulting in care left undone and undermining availability, quality, safety and effectiveness. Furthermore, staff shortages constrain the time, capacity and opportunities for nursing staff to deliver vital prevention advice and interventions and/or undertake training and learning that will support and embed prevention more widely in their work.

Ensuring that there is a strong, sufficient public health nursing workforce in place to meet demand should be a core priority for government as part of a shift towards prevention. This will require increased and sustained investment in growing, strengthening and retaining the public health nursing workforce and ensuring that the public health system is sufficiently resourced to provide pay, terms and conditions of employment which are attractive to recruit and retain staff. Public health nurses must have access to equal terms and conditions, training, development and support as their NHS counterparts.

Below are some examples of feedback we received from our members:

I've worked as a specialist nurse for over 20 years, most of that in the community and now in a DGH. One of the main issues has been that although our role is cost-saving because it is preventing unplanned hospital admissions (which has been published), due to the way services are commissioned currently this cost saving does not benefit Neurology services or the NHS trust. There is no incentive for managers to cost to save and provide preventative care because they will not see the benefit.

Moving to a prevention-based model demands a cultural shift within both the public and healthcare services. Preventative care requires investment in public health campaigns,

[29] RCN (2018) *The Best Start: The Future of Children's Health One Year On.* Available at: The Best Start: The Future of Children's Health – One Year on. Valuing school nurses and health visitors in England| Royal College of Nursing (rcn.org.uk) [Accessed 15th May 2024]
[30] Institute of Health Visiting (2024) ihv.org.uk/news-and-views/news/health-visitors-raise-the-alarm-as-more-families-struggle-with-poverty-and-poor-health/

screening programs, and early intervention services, which may strain budgets in the short term.

Our most deprived areas are the least invested in and the biggest health inequalities. Prevention needs to start from childhood and this does not happen in these areas

To facilitate this shift, awareness about lifestyle factors should be promoted, and early signs of illness should be recognised. Collaborating with GPs and community teams to engage in health education can help reduce the demand for acute and critical care services.

Increase in health promotion: getting patients to improve health before treatments are initiated

Moving from treatment to prevention requires well established and quality primary care services. The main challenge will be recruitment and retention of Primary Care staff into facilities that are also capable to response to the community needs, as with a shift from hospital to community I imagine the primary care workload will increase substantially and I'm unsure if the NHS is able to meet the needs and demands.

Ideas for change

Q5. Please use this box to share specific policy ideas for change.

- Introduce mandatory reporting for corridor care across all types of health and care setting. This can be introduced in the next iteration of the NHS Standard Contract for all NHS commissioned services from April 2025.
- Establish statutory nurse to patient ratios in all types of publicly funded services. Due to the likely impact upon the overall size of the nursing workforce, introducing ratios is likely to require a phased approach through the early years of this 10-year plan.
- To address wider public health issues of concern, the RCN calls for the Government to introduce safer injecting facilities across the UK. The new plan for the NHS could be a key vehicle for announcing a pilot of this to prevent overdose within a key vulnerable group.
- In the context of an ageing population, we also call for the Government to commit to establish the post of an independent Commissioner for Older People in England to champion the rights of older people and ensure that policy makers considered the needs of the ageing population.

Attachments:

'Corridor care: unsafe, undignified, unacceptable' published 2024

RCN Workforce Standards | Publications | Royal College of Nursing published 2021

Valuing Nursing in the UK | Publications | Royal College of Nursing published 2023